

## DECLARATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NO

708.159

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD, SYSTEM AND APPARATUSEMPLOYING PERMANENT MAGNETS HAVING REACH-OUT MAGNETIC FIELDS FOR ELECTROMAGNETICALLY TRANS-  
the specification of which FERRING, BRAKING, AND METERING MOLTEN METALS FEEDING INTO METAL CASTING  
MACHINES(check one) ☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: None

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application: None

(Application Serial No.)

(Filing Date)

(Status — patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status — patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint G. KENDALL PARMELEE, Reg. No. 17,319, whose address is: PMB 307, 800 Village Walk, Guilford, Connecticut 06437, my attorney, to prosecute this application, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: Attorney G. Kendall Parmelee  
PMB 307  
800 Village Walk  
Guilford, Connecticut 06437DIRECT TELEPHONE CALLS TO:  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Valery G. KaganInventor's signature Valery G. KaganDate 14 Jan. 2000Residence Colchester, Vermont 05446Citizenship United States of AmericaPost Office Address 6 Laura Lane, Colchester, Vermont 05446, U.S.A.

Full name of second joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

(Supply similar information and signature for fourth and subsequent joint inventors.)